CITY OF STOCKTON EMPLOYMENT APPLICATION



Human Resources Department 22 East Weber Avenue, Suite #150 Stockton, CA 95202 (209) 937-8233 TDD (209) 937-8101

| OFFICE USE ONLY Analyst Date | | | | |
|------------------------------|-------------|--|--|--|
| | | | | |
| ☐Accepted ☐Rejected | | | | |
| Ineligible because of: | | | | |
| ☐Education | ☐Lic./Cert. | | | |
| □ Experience | □Other | | | |
| ☐ Veteran's Preference | | | | |
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| NAME: ADDRESS: CITY/STATE/ZIP: TELEPHONE NUMBER: E-MAIL ADDRESS: BRIVER LICENSE No Can you, after employment, submit proof of your legal right to work in the United States? Yes No If you selected no, please explain. Do you possess Blingual Skills: Yes No Language proficiency: Read Speak Write If yes, please indicate language(s): FOUCATION | Stockton, CA 95202 (209) 937-8233 TDD (209) 937-8101 <u>www.stocktonca. gov</u> | | | | | erience Other | II. | |
|--|---|------------------------|-----------------|-------------|---------------|----------------|--------------|------|
| NAME: ADDRESS: CITY/STATE/ZIP: TELEPHONE NUMBER: E-MAIL ADDRESS: BRIVER LICENSE No Can you, after employment, submit proof of your legal right to work in the United States? Yes No If you selected no, please explain. Do you possess Blingual Skills: Yes No Language proficiency: Read Speak Write If yes, please indicate language(s): EDUCATION Check highest grade completed: 8 9 9 10 11 1 2 0 or GED 0 Check highest College Grade Completed 1 2 3 3 4 6 Graduate Studies? Yes No College or University Attended CERTIFICATES AND LICENSES Type: Date Issued: Issuing Agency: Type: Date Issued: Date Expires: License Number: Issuing Agency: Type: Date Issued: Date Expires: License Number: Date Issued: Date Expires: License Number: Date Issued: Date Expires: Date Expires: Date Expires: Date Expires: Date Expires: | | | | | | | | |
| ADDRESS: CITY/STATE/ZIP: TELEPHONE NUMBER: E-MAIL ADDRESS: DRIVER LICENSE NUMBER: E-MAIL ADDRESS: DRIVER LICENSE NUMBER: EXPIRATION DATE: EXPIRATION DATE: Can you, after employment, submit proof of your legal right to work in the United States? | POSITION APPLYING FOR: RECRUIT | | | UITMENT ID# | t: | | | |
| CITY/STATE/ZIP: TELEPHONE NUMBER: E-MAIL ADDRESS: DRIVER LICENSE NUMBER: BYPIRATION DATE: STATE PURION DATE STATE PURION DATE | NAME: | | | | | | | |
| TELEPHONE NUMBER: E-MAIL ADDRESS: Yes | ADDRESS: | | | | | | | |
| E-MAIL ADDRESS: DRIVER LICENSE | CITY/STATE/ZIP: | | | | | | | |
| DRIVER LICENSE DRIVER LICENSE NUMBER: EXPIRATION DATE: | TELEPHONE NUMBER: | | | ALTER | NATE NUME | SER: | | |
| ☐ Yes No Can you, after employment, submit proof of your legal right to work in the United States? ☐ Yes ☐ No If you selected no, please explain. ☐ Language proficiency: ☐ Read ☐ Speak ☐ Write EDUCATION Check highest grade completed: 8 ☐ ☐ 11 ☐ 12 ☐ or GED ☐ Check highest College Grade Completed 1 ☐ 2 ☐ 3 ☐ Graduate Studies? ☐ Yes No ☐ College or University ☐ Location ☐ From To ☐ Units ☐ Major ☐ Degree Earned Attended ☐ Date Issued: ☐ Date Expires: License Number: ☐ Issuing Agency: Type: ☐ Date Issued: ☐ Date Expires: License Number: Date Issued: ☐ Date Expires: License Number: Date Issued: ☐ Date Expires: Date Expires: | E-MAIL ADDRESS: | | | | | | | |
| Can you, after employment, submit proof of your legal right to work in the United States? | <u></u> | DRIVER LICENSE NUMBER: | | | | EXPIRATION D | ATE: | |
| Check highest grade completed: 8 | Can you, after employment | | ht to v | vork in | the United S | tates? | □No | |
| Check highest grade completed: 8 | | | | Langua | ge proficienc | y: Read [| ☐ Speak ☐ Wi | rite |
| Check highest College Grade Completed 1 | | EC | DUCA | TION | | | | |
| College or University Attended Location From To Units Major Degree Earned CERTIFICATES AND LICENSES Type: Date Issued: Date Expires: License Number: Issuing Agency: Type: Date Issued: Date Expires: License Number: Issuing Agency: Type: Date Issued: Date Expires: License Number: Date Expires: License Number: Date Expires: | Check highest grade complet | ed: 8 🔲 9 🗌 10 🔲 11 📗 | 12 🗌 | or GEI | | | | |
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| | License Number: Issuing Agency: | | | | | | | |

| EXPERIENCE | | | | | | | |
|--|---------|-------------|--------------------------|------------------------|--|--|--|
| EXPERIENCE RECORD: List most recent experience first, including paid and voluntary experience that qualifies you for this position. THIS SECTION MUST BE COMPLETED. A resume may be attached for supplemental information only. | | | | | | | |
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| FROM | TO | TOTAL | EMPLOYER: | JOB TITLE: | | | |
| MO / YR | MO / YR | YRS / MOS | LOCATION: | SALARY: | | | |
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| DUTIES: | DUTIES: | | | | | | |
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| REASON FOR LEAVING | | | | | | | |
| SIGNATURE | | | | | | | |
| CERTIFICATION OF APPLICANT: I hereby certify that all information that I have provided in connection with my application for employment with the City of Stockton is true and acknowledge that any misstatements made in my application or during any portion of the application process may result in my being disqualified from consideration or terminated from employment with the City of Stockton. | | | | | | | |
| | | | | | | | |
| SIGNATURE: | | | DATE: | | | | |

| AGENCY WIDE QUESTIONS | | | | | | |
|-----------------------|---|--------------------------|-------------------------------------|--|--|--|
| 1. | Are you currently or have you ever been employed by the City of Stockton? | □Yes | □No | | | |
| 2. | If you answered "Yes" to question 1, please indicate dates of employment, depa answered "No", please indicate N/A. | rtment, position, a | nd supervisor's name. If you | | | |
| 3. | The City of Stockton is a California Public Employees' Retirement System (CalPbeen, enrolled in CalPERS? | ERS) agency. Are ∐Yes | you currently, or have you ever ☐No | | | |
| 4. | Are you related to anyone who works for the City of Stockton? | □Yes | □No | | | |
| 5. | If you answered "Yes" to question 3, please indicate the relationship to the City e department. If you answered "No", please indicate N/A. | employee, their ful | I name, and their current | | | |
| 6. | How did you hear about the position? Channel 97 Friend Interest Card Job Fair Job Line Newspaper – Modesto Bee Newspaper – Sac Bee Newspaper – Stockton Record Other Source Professional or Trade Journal Radio Advertisement Referral by City of Stockton Employee Theater Advertisement Walk in to Human Resources Office Website – Cal Jobs Website – Centralvalleyjobs.com Website – City of Stockton Website – Other Website – Governmentjobs.com | | | | | |
| 7. | BACKGROUND INVESTIGATION/MEDICAL EXAMINATION/FINGERPRINTING I understand I may be subjected to the following: All Positions: Pre-employment medical examination to include drug screening evinvestigation to include: Yes No | | pecified positions, background | | | |
| 8. | In accordance with California Government Code section 3100, et., seq., all City of service workers who may be required to report for duty, or remain on duty to add emergency or disaster and are required to undertake an applicable loyalty oath. ☐ I understand and will comply with this requirement. | | | | | |
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| Please provide the following information. It is being requested for statistical purposes <u>only</u> . Should you choose to provide the information, it will be detached from your application immediately upon receipt and will not be used in evaluating your qualifications for employment or for any other purpose proscribed by article 1, section 31, of the California Constitution. | | | | | | |
|---|--|---|--|--|--|--|
| 10. Gender: | 11. Age Group: | 12. Ethnicity: | | | | |
| ☐ Male ☐ Female | ☐ Under 21 ☐ 21 – 29 ☐ 30 – 39 ☐ 40 – 49 ☐ 50 – 59 ☐ 60 or over | ☐ White ☐ Black ☐ Hispanic ☐ American Indian ☐ Chinese ☐ Japanese ☐ Filipino ☐ Other Pacific Islander ☐ Other | | | | |
| | | | | | | |
| NOTE: In compliance with the Americans with Disabilities Act and California Fair Employment and Housing Act, the City of Stockton accepts accommodation requests at the time of application. Forms are available from the Human Resources Department for such purposes. A detailed description of the type of accommodation needed and any supporting documentation MUST accompany your accommodation request. Supporting documentation should not include medical records or any documentation that would compromise your rights under federal and state laws. The City will evaluate each request on a case-by-case basis. It is imperative that such requests be submitted at the time of application. | | | | | | |
| 13. Do you require an accommodation in the examination process because of a disability? | | | | | | |
| ☐ Yes ☐ No | | | | | | |

EQUAL OPPORTUNITY EMPLOYER

